

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/285,292	04/02/99	435	1643	023070-09140

APPLICANT  
DONNA G. ALBERTSON, LAFAYETTE, CA; DANIEL PINKEL, WALNUT CREEK, CA;  
COLIN COLLINS, SAN RAPHAEL, CA; JOE W. GRAY, SAN FRANCISCO, CA; BAUKE  
YSTRA, SAN FRANCISCO, CA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

AMH

NONE

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

AMH

NONE

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

AMH

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/29/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 70	INDEPENDENT CLAIMS 5
Verified and Acknowledged Examiner's Initials	<u>AMH</u>	<u>AMH</u>	Initials			

SEE CUSTOMER NUMBER: 020350

ADDRESS			
<u>AMPLIFICATION OF CYP24 AND USES THEREOF</u> <u>DETECTING CYP24 EXPRESSION LEVEL AS A MARKER FOR PREDISPOSITION TO CANCER</u>			

FILING FEE RECEIVED \$973	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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